

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000063954

**FILED**  
**Mar 01, 2006**  
**Secretary of State**

**Entity Name:** TEMPLEVEL LLC

**Current Principal Place of Business:**

7889 SECRET COVE  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

13418 BUDWORTH CIRCLE  
ORLANDO, FL 32832 US

**Current Mailing Address:**

PO BOX 470552  
CELEBRATION, FL 34747

**New Mailing Address:**

13418 BUDWORTH CIRCLE  
ORLANDO, FL 32832 US

FEI Number: 20-1554922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOSKO, JAROSLAV  
7889 SECRET COVE  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

JOSKO, JAROSLAV  
13418 BUDWORTH CIRCLE  
ORLANDO, FL 32832 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAROSLAV JOSKO

03/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOSKO, JAROSLAV  
Address: 7889 SECRET COVE  
City-St-Zip: KISSIMMEE, FL 34747

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOSKO, JAROSLAV  
Address: 13418 BUDWORTH CIRCLE  
City-St-Zip: ORLANDO, FL 32832 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAROSLAV JOSKO

MGRM

03/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date